# Section 754.EXHIBIT A Summary Sheet (Form RF-3)

### FORM (RF-3)

#### **SUMMARY SHEET**

Change in Company's premium or ra	te level produced by rate revision
effective July 10, 2012	

-	(1)	(2) Annual Premium	(3) Percent
-	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private	Volumo (minoro)	- Change (voi )
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		<u></u>
	Commercial		
3.	Liability Other Than Auto		
4. -	Burglary and Theft	-	
5.	Glass		Control of the contro
6. -	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9. 10.	Fire	·	·
10. 11.	Extended Coverage Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$17,226,432	+3.8%
	Life of Insurance		
•	<b>5</b>		
	Does filing only apply to certa	in territory (territories) or	certain
	Classes? If so, specify: No, appl	ies to all classes.	
	specify. No, appi	es to all classes.	**************************************
	Brief description of filing. (If fi	iling follows rates of an a	dvison
	Organization, specify	iling follows rates of arr a	avisory
	organization):	We are revising our rates,	deviating from the National Council on
	Compensation Insurance (NCCI) 1/1/12	rates. Preferred classes (listed or	n cover letter) are deviated +50% from
	NCCI advisory rates. All other classes are	deviated +59% from NCCI advisory	rates.
	*Adjusted to reflect all prior ra	•	
-	**Change_in Company's_prem	<u>ium level which will resu</u>	It from application of new
	rates.		_
		Auto-Owners Insur	
			me of Company
		Jennifer I Smith N	ranager

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	(1)	(2)	(3)
	,	Annual Premium	Percent Change
	Coverage	Volume (Illinois)*	(+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Worker's Compensation	48,551,584	0.2%
16.	Other		
	Line of Insurance		
s filing	g only apply to certain territory (territorio	es) or certain classes? If so, specify:	:
f desci	ription of filing. (If filing follows rates of	of an advisory organization, specify	organization):
	odifying our company specific exception		organization).
	adopting NCCI's 01/01/20		q our company
	ic rate deviations.		
insted	to reflect all prior rate changes.		
	in Company's premium level which		
_	alt from application of new rates.		
	**	COUNTRY Mutual Insurance C	Company
		Name of Company	<u></u>
		Reheal a South	-
		Okekash U. South	
		Richard A. Smith	
		Chief Property/Casualty Actuary	v

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

#### FORM (RF-3)

#### **SUMMARY SHEET**

	(1)	(2) Annual Premium	(3) Percent
	Coverage	<ul> <li>Volume (Illinois) *</li> </ul>	Change (+or-) **
Automo	bile Liability Pri	vate	
Passen	ger		
Comme	rcial		
Automo	bile Physical Da	amag	
Private	Passenger		
Comme	rcial		
Liability	Other Than Au	to	
Burglary	and Theft		
Glass			
Fidelity			
Surety			
Boiler a	nd Machinery		
Fire			·
Extende	ed Coverage		
Inland N	Marine		
Homeov	vners		
Comme	rcial Multi-Peril		
Crop Ha	ail		
Other wo	orkers Compensation	2,742,059	14.0%
	Life of Insurance	ce	
		to certain territory (territories) o	or certain
Classes	•		
	•	No.	
Classes specify:			
Classes specify: Brief de	escription of filin	ng. (If filing follows rates of an	advisory
Classes specify: Brief de Organiz	escription of filin zation, specify		advisory
Classes specify: Brief de Organiz organiz	escription of filing cation, specify ation):	ng. (If filing follows rates of an	advisory
Classes specify: Brief de Organiz organiz	escription of filing cation, specify ation):		advisory
Classes specify: Brief de Organiz organiz We are fil	escription of filin zation, specify ation): ing to change our loss	ng. (If filing follows rates of an society second s	advisory
Classes specify:  Brief de Organiz organiz We are fil	escription of filing zation, specify ation): ing to change our loss ed to reflect all	ng. (If filing follows rates of an as cost multiplier from 1.494 to 1.703.  prior rate changes.	
Classes specify: Brief de Organiz organiz We are fill *Adjuste **Chane	escription of filing zation, specify ation): ing to change our loss ed to reflect all	ng. (If filing follows rates of an society second s	
Classes specify:  Brief de Organiz organiz We are fil	escription of filing zation, specify ation): ing to change our loss ed to reflect all	ng. (If filing follows rates of an a scost multiplier from 1.494 to 1.703.  prior rate changes. 's premium level which will resi	ult from application of nev
Classes specify: Brief de Organiz organiz We are fill *Adjuste	escription of filing zation, specify ation): ing to change our loss ed to reflect all	ng. (If filing follows rates of an a scost multiplier from 1.494 to 1.703.  prior rate changes. 's premium level which will result.  Florists' Mutual In	

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Form (RF-3)

## **ILLINOIS DEPARTMENT OF INSURANCE**

Change in Company's premium or rate level produced by rate revision effective		9-1-12	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
Automobile Liability Private  Passanger Commercial			
Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial			
3. Liability Other Than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
<ul><li>8. Boiler and Machinery</li><li>9. Fire</li></ul>			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners		No. 1912	
13. Commercial Multi-Peril			
14. Crop Hail	*		
15. Other Workers Compensation	\$309,700	10.1	
Line of Insurance			
	(territories) or certain classes? If so, specify:		
Brief description of filing. (If filing follows Illinois Workers Compensation NCCI los	rates of an advisory organization, specify or s costs circulars IL-2011-07, IL-2011-14	ganization): <u>We are filing to adopt the</u>	
*Adjusted to reflect all prior rate changes	s. vhich will result from application of new rates		
Change in Company a promium lever v	Which will result from application of new rates	•	
	Nationwide N	Mutual Insurance Company Name of Company	
	Marie T. Safreed	d, State Filing Specialist Official – Title	

Form (RF-3)

#### **ILLINOIS DEPARTMENT OF INSURANCE**

Change in Company's premium or rate level produced by rate revision effective		9-1-12	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
Automobile Liability Private			
Passenger Commercial 2. Automobile Physical Damage			
Private Passenger Commercial _			
3. Liability Other Than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine	· · · · · · · · · · · · · · · · · · ·		
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Other Workers Compensation	\$29,827	6.6	
Line of Insurance			
Does filing only apply to certain territory (t	erritories) or certain classes? If so, specify:	No	
Brief description of filing. (If filing follows rullinois Workers Compensation NCCI loss	ates of an advisory organization, specify or costs circulars IL-2011-07, IL-2011-14	ganization): We are filing to adopt the	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wh	nich will result from application of new rates		
	.,		
		tual Fire Insurance Company Name of Company	
	Marie T. Safree	d, State Filing Specialist Official – Title	

Form (RF-3)

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	evel produced by rate revision effective	9-1-12
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
<ol> <li>Automobile Liability Private         Passenger Commercial</li> <li>Automobile Physical Damage         Private Passenger Commercial</li> <li>Liability Other Than Auto</li> <li>Burglary and Theft</li> <li>Glass</li> <li>Fidelity</li> <li>Surety</li> </ol>		
8. Boiler and Machinery		
<ol> <li>Fire</li> <li>Extended Coverage</li> <li>Inland Marine</li> <li>Homeowners</li> <li>Commercial Multi-Peril</li> <li>Crop Hail</li> </ol>		
15. Other Workers Compensation	\$-6,197	-4.0
Does filing only apply to certain territory	(territories) or certain classes? If so, specify	y: <u>No</u>
	rates of an advisory organization, specify os costs circulars IL-2011-07, IL-2011-14	
*Adjusted to reflect all prior rate changes **Change in Company's premium level v	vhich will result from application of new rate	es. rty & Casualtyl Insurance Company Name of Company
	Marie T. Safre	ed, State Filing Specialist Official - Title

# Section 754.EXHIBIT A Summary Sheet (Form RF-3)

## FORM (RF-3)

Change in Company's premium or ra	ate level produced by rate revision
effective July 10, 2012	

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$27,893,867	+4.2%
	Life of Insurance		
•	Does filing only apply to certa Classes? If so,	ain territory (territories) or	certain
	•	lies to all classes.	
	specify.		
	Brief description of filing. (If the Organization, specify organization):  Compensation Insurance (NCCI) 1/1/12	We are revising our rates	, deviating from the National Council on
	NCCI advisory rates. All other classes are deviated +44% from NCCI advisory rates.		
	*Adjusted to reflect all prior ra -**Change_in Company's pren- rates.	<u> </u>	It from application of new
		Owners Insurance	Company
			me of Company
		Jennifer L. Smith, N	· · · · · · · · · · · · · · · · · · ·
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